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## Coverage of Enteral Nutrition Products

Effective for dates of service on and after September 1, 2005, Wisconsin Medicaid covers some enteral nutrition products identified by Healthcare Common Procedure Coding System procedure code B4102. The Attachment of this *Wisconsin Medicaid and BadgerCare Update* includes a list of Medicaid-allowable enteral nutrition products identified by procedure code B4102.

Effective for dates of service (DOS) on and after September 1, 2005, Wisconsin Medicaid covers some enteral nutrition products identified by Healthcare Common Procedure Coding System (HCPCS) procedure code B4102. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of Medicaid-allowable enteral nutrition products identified by procedure code B4102. Refer to the June 2005 *Update* (2005-35), titled “Wisconsin Medicaid Adopting HCPCS Code Changes for Enteral Nutrition Products and Allowing Enhanced Reimbursement for Selected Products,” for a list of other Medicaid-allowable enteral nutrition products and procedure codes.

### **Backdating Prior Authorization Requests**

Wisconsin Medicaid will allow backdating of prior authorization (PA) requests for HCPCS code B4102 for start dates prior to the publishing of this *Update* as far back as

September 1, 2005. Backdated PA requests must be submitted on paper (by mail or fax) and be received by Wisconsin Medicaid no later than July 31, 2006. Providers are advised to allow enough time for mail delivery. Providers are required to specifically indicate backdating in writing on the PA request.

### **Claims Information**

After the PA request is approved, providers may submit claims with the PA number in the usual manner. Providers are reminded that to receive reimbursement, claims and adjustment requests must be received by Wisconsin Medicaid within 365 days of the DOS. This deadline applies to claims, corrected claims, and adjustments to claims.

### *Modifier Reminder*

Providers are reminded that they are required to use modifier “BO” (Orally administered nutrition, not by feeding tube) when submitting claims for enteral nutrition products taken orally.

Modifier “SC” (Medically necessary service or supply) may be used to request enhanced reimbursement for selected medically necessary pediatric products.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to

recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Medicaid-Allowable Enteral Nutrition Products Identified by Procedure Code B4102

Effective for dates of service on and after September 1, 2005, Wisconsin Medicaid covers the following enteral nutrition products identified by Healthcare Common Procedure Coding System procedure code B4102.

<b>B4102</b> — Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit (Max fee = \$0.93/unit)		
Boost Breeze* Enlive*	Resource Arginaid Extra* Resource Diabetishield*	Resource Fruit Beverage*

\*Enhanced reimbursement may be requested for these selected products *only* for pediatric cases. Pediatric cases are defined as recipients up to age 21.